



**Testimony of the Connecticut State Medical Society
in support of House Bill 6423 and Senate Bill 568
AN ACT CONCERNING IMMUNIZATIONS
AN ACT ELIMINATING THE NONMEDICAL
EXEMPTION TO THE IMMUNIZATION REQUIREMENT
Presented to the Public Health Committee
February 16, 2021**

Senators Abrams, Representative Steinberg, and distinguished members of the Public Health Committee, on behalf of the physician and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to present this testimony in strong support of HB 6423 and SB 568.

As physicians, we devote our entire lives to helping others. We are scientists and are taught to use evidence-based medicine to not only help our patients when they are ill, but also to prevent illness whenever we can.

One of the greatest public health success stories is the remarkable decrease in infectious diseases due to the use of vaccines. Unfortunately, the immense success of vaccination in America has lulled many into complacency with regard to vaccine-preventable diseases (VPDs) like measles. In order for previous successes to be maintained, the public, this Committee and the General Assembly must realize these diseases still exist and can, and do, debilitate and kill.

It would be shortsighted for us to sit here and talk only of COVID-19. While COVID-19 must be part of the conversation, it becomes easy for us to forget about the still-recent measles outbreak in the United States that serves to remind us that Connecticut's children are vulnerable to these deadly diseases.

Vaccines not only protect the child that receives them, but just as importantly, they protect the health of the community in which the child lives. A scientific study in the Journal of the American Medical Association indicated that those who did not receive measles vaccine due to philosophical or religious reasons were 35 times more likely to contract measles and could potentially increase the incidence of measles in their community by as much as 30 percent.

When vaccination levels are high, children who cannot be protected directly by the vaccines are protected because they are not exposed to the disease. This includes children too young to receive vaccinations and those with medical contraindications who cannot receive the vaccinations.

VPDs pose a very real threat to both individuals and the public health, and yet studies show that vaccination rates are declining everywhere. Small numbers of cases can lead to the re-emergence of VPDs if there are increasing numbers of unvaccinated people, leaving communities susceptible to outbreaks of these preventable diseases.

Vaccine hesitancy, in general, is rooted in misinformation about the risk of disease and the safety and efficacy of vaccines. The reasons vary. For some, it could be they have not witnessed the serious and sometimes life-threatening consequences of VPDs. Parents may therefore believe that the risks of vaccinating infants outweigh the benefits of protecting them from infection. Others may question

whether vaccines are safe, or whether they contain harmful ingredients. Regardless of the reason for an individual's hesitancy, our goal as physicians is to improve vaccine coverage rates, by communicating the benefits and safety of vaccines, as well as the risks, so that Americans, in an informed manner, can protect themselves, their family members, and others in their community from all VPDs.

The 2019 measles outbreaks in the United States provides an excellent example of our continued vulnerability to VPDs. From January 1 to February 21, 2019, 159 individual cases of measles were confirmed in 10 states, one of which was Connecticut. Measles is a highly contagious respiratory disease caused by a virus. It spreads through the air by means of coughing and sneezing. After an infected person leaves a location, the virus remains infectious for up to two hours on surfaces and in the air. Unlike polio, it spreads so easily that if one person has it, 90 percent of the people close to that person who are not vaccinated or otherwise not immune will also become infected. Since the 1960's, there has been a safe and highly-effective vaccine to prevent measles. One dose is approximately 93 percent effective at preventing measles; two doses are approximately 97 percent effective. Before the U.S. measles vaccination program started in 1963, approximately three to four million people in the U.S. got measles each year; 400–500 of them died, 48,000 were hospitalized, and 4,000 developed measles-related encephalitis. In the United States, widespread use of the vaccine has led to a 99 percent reduction in measles cases.

The number of parents in Connecticut stating a non-medical exemption has risen to such an extent that an outbreak of measles in some of our public schools may unfortunately lead to the illness or death of children whose parents have chosen to not have vaccinated but also to the illness and death of children who are unable to be vaccinated. As a result, the number of states eliminating the non-medical exemption is slowly increasing. Recent reductions in vaccination coverage threaten to erase many years of progress as nearly-eliminated and preventable diseases return, resulting in illness, disability and death. Non-medical exemptions, especially when granted with few restrictions, provide a barrier to high immunization rates and work against the establishment of a successful vaccination program. By eliminating philosophical, personal and religious exemptions for immunization, Connecticut's lawmakers can take a critical step toward ensuring Connecticut's children receive the necessary vaccinations to protect not only their health, but the health of others.

Looking to the specific language of HB 6423, we would ask for a few areas of clarification. The proposed changes beginning on lines 302 and 490, state that the certificate indicating a medical contraindication can be signed by a physician, physician assistant or advanced practice registered nurse. We would recommend that the language be made clear that any medical contraindication certificate signed by a non-physician provider must be within their scope of practice, education and training. We would recommend similar changes to the wording on lines 561, 572 and 590.

In addition, the sections of HB 6423 are effective on passage, but the certificate form does not need to be published until October 1, 2021. We would ask that the Bill be modified so that the form of the medical exemption certificate is available upon passage of the legislation.

We must respect that the science and history of vaccination is very clear and not open to debate. The benefits have been proven many times over. We must concede that the need to protect our most vulnerable, the very young and those with illnesses that prevent the safe use of vaccination deserve the protection that can only be achieved when vaccination rates are high. COVID-19 should serve as a further wake up call to all of us that new illnesses are on the horizon and underscore more than ever the critical importance of vaccines.

Please Support House Bill 6423 and Senate Bill 568.